

Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at http://about.jstor.org/participate-jstor/individuals/early-journal-content.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

Rodent case 19, rat captured at Toulouse Street wharf July 22.

Rodent case 20, rat captured at 930 Tchopitoulas Street between Saint Joseph and Howard Streets. July 24.

Rodent case 21, rat captured at Bienville Street landing July 27.

The infection among the rats appears to be widely disseminated, and it will be necessary to make a rodent survey of the entire city.

Special ordinances have been adopted regarding the rat proofing of buildings, the maintenance of chickens, the disposal of garbage, and the fending off of ships.

MORBIDITY REPORTS.

A STRIKING ILLUSTRATION OF THEIR NECESSITY.

An epidemiologist was recently sent to a city to investigate a reported outbreak of typhoid fever. To quote from his report:

Arriving in ———, I reported to the local health officer, from whom I obtained such fragmentary reports as were on file in his office. These reports being insufficient to indicate whether or not typhoid fever was epidemic or unusually prevalent in the city, it became necessary to obtain case reports by personal canvas of the physicians of the city, which was accordingly begun at once.

From a canvas of practically every physician in the city we obtained records of the cases of typhoid which had occurred since January 1, 1914 * * *.

No reliable records were available to show the usual prevalence of typhoid fever; consequently it was not possible to make an accurate comparison of the prevalence this year as compared with corresponding seasons of previous years.

This illustrates how futile it is for a health department to attempt to control disease unless it has the information of the occurrence of cases furnished by physicians' reports. The health department in this city was not only not able to control the disease, but was not even in a position to know whether the disease was unusually prevalent or epidemic.

Whatever the work done by a health department may be under these conditions, it is certainly not the controlling of disease. The visiting epidemiologist, in order to secure some idea of the status of typhoid fever, found it necessary to make a canvas of the practicing physicians and get from them such information regarding cases as was a matter of record or memory. With proper notification of cases, reliable data recorded at a time when the facts in the case were ascertained and while memory was fresh, would have been at hand and would have shown the current prevalence of disease as compared with previous times, the location of cases, and their chronological and geographic relationship to each other, and much other information of the greatest epidemiologic value.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.